

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3		I				
4		I				
5		I				
6		I				
7		I				
8	C	C				
9		I				
10		I				
11		I				
12		I				
13		I				
14		I				
15						
16						
17						
18						
19						
20	I					
21		I				
22		I				
23		I				
24		I				
25		I				
26		I				
27	I					
28	I					
29	C	C				
30		I				
31						
32						
33		I				
34						
35						
36		I				
37		I				
38	C	C				
39		I				
40		I				
41		I				
42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	25					
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						